

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

**IN RE: KRISTY MARIE CRAGER, Debtor**

**Case No. 24-50882  
CHAPTER 13**

**TO: AFFECTED CREDITORS:**

Forrest General Hospital, 6501 US 49, Hattiesburg, MS 39401  
Lab Corp P.O. Box 2240 Burlington, NC 27216  
Altus Lumberton Hospital, 137 N LHS Dr. Lumberton, TX 77657  
Comprehensive Radiology15 Professional Pkwy Ste 126, Hattiesburg, MS 39402  
Oschner Rush Medical Center, 1314 19th Ave. Meridian, MS 39301  
Wayne General Hospital, 950 Matthew Drive, Waynesboro, MS 39367  
Highland Community Hospital, P.O. Box 679521, Dallas, TX 75267  
Hattiesburg Clinic, 415 S 28th Ave, Hattiesburg, MS 39401  
Relias EM Medicine, P.O. Box 30275, Charlotte, NC 28230-020

**TRUSTEE:** David Rawlings

**U. S. TRUSTEE:** USTPRegion05.JA.ECF@usdoj.gov

**NOTICE OF AMENDMENT OF SCHEDULES**

YOU ARE HEREBY NOTIFIED that the above named debtor(s) has filed with the Bankruptcy Court an Amendment of Schedules (see attached copy of Notice of Meeting of Creditors, amended schedules and Plan).

YOU ARE FURTHER NOTIFIED that if you wish to examine the debtor(s) under oath, you must request of the U.S. Trustee an adjourned Meeting of Creditors. Said request must be made within 21 days of the date of this notice. (*Address of U.S. Trustee: United States Courthouse, 501 East Court St., Ste. 6-430, Jackson, MS 39201*)

YOU ARE FURTHER NOTIFIED that the affected creditor(s) has 60 days from the date of this notice to file, with the U.S. Bankruptcy Court, a complaint to determine the dischargeability of a debt under § 523(c), a motion objecting to discharge under § 1328(f) of the Bankruptcy Code or a motion to seek an extension of time for filing a complaint or a motion objecting to discharge.

YOU ARE FURTHER NOTIFIED that should you desire to file an objection to the Plan, you should do so, with the U.S. Bankruptcy Court, within 30 days of the date of this notice in the form of a written pleading.

YOU ARE FURTHER NOTIFIED that any added creditor is given 30 days from the conclusion of the meeting of creditors or 30 days from date of this notice, whichever is later, to file with the U.S. Bankruptcy Court an objection to the debtor(s) list of property claimed as exempt

YOU ARE FURTHER NOTIFIED that any added creditor is given 70 days from the date of this notice to file a proof of claim with the U.S. Bankruptcy Court. A proof of claim may be obtained at [www.mssb.uscourts.gov](http://www.mssb.uscourts.gov) or any bankruptcy clerk's office.

Address of the U.S. Bankruptcy Court may be found on the attached Notice of Chapter 13 Bankruptcy Case.

Date: Wednesday, April 23, 2025

/s/ Thomas C. Rollins, Jr.  
Thomas C. Rollins, Jr.







SO ORDERED,

Judge Katharine M. Samson  
United States Bankruptcy Judge  
Date Signed: November 26, 2024

**The Order of the Court is set forth below. The docket reflects the date entered.**

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF MISSISSIPPI

In re: KRISTY MARIE CRAGER,  
DEBTOR

Case No.24-50882 KMS  
Chapter 13

**ORDER CONFIRMING CHAPTER 13 PLAN**

The Debtor's plan was filed on June 25, 2024, and amended/modified by subsequent order(s) of the court, if any. The plan was transmitted to creditors pursuant to Bankruptcy Rule 3015. The court finds that the plan meets the requirements of 11 U.S.C. § 1325.

IT IS ORDERED THAT:

1. The Debtor's chapter 13 plan attached hereto is confirmed.
2. The following motions are granted *(if any)*:
  - a. Motion for valuation of security, payment of fully secured claims, and modification of undersecured claims made under Rule 3012 (§ 3.2 of the plan);
  - b. Motion to avoid lien pursuant to Section 522 (§ 3.4 of the plan).
3. The stay under Section 362(a) is terminated as to the collateral only and the stay under Section 1301 is terminated in all respects regarding collateral listed in Section 3.5 of the plan *(if any)*.
4. All property shall remain property of the estate and shall vest in the debtor only upon entry of discharge. The debtor shall be responsible for the preservation and protection of all property of the estate not transferred to the trustee.
5. The Debtor's attorney fees will be awarded by separate Orders of the Court and paid from the estate.

**##END OF ORDER##**

Approved:

/s/ THOMAS C. ROLLINS, JR  
Attorney for the Debtor

Submitted By:  
/s/ DAVID RAWLINGS, TRUSTEE  
P.O. BOX 566  
HATTIESBURG, MS 39403  
(601) 582-5011 [ecfNotices@rawlings13.net](mailto:ecfNotices@rawlings13.net)



Debtor Kristy Marie Cragger Case number \_\_\_\_\_

Joint Debtor shall pay \_\_\_\_ (☐ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the court, an Order directing payment shall be issued to the joint debtor's employer at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2.3 Income tax returns/refunds.

Check all that apply

- ☒ Debtor(s) will retain any exempt income tax refunds received during the plan term.
- ☐ Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all non-exempt income tax refunds received during the plan term.
- ☐ Debtor(s) will treat income refunds as follows:

\_\_\_\_\_

### 2.4 Additional payments.

Check one.

- ☒ **None.** If "None" is checked, the rest of § 2.4 need not be completed or reproduced.

## Part 3: Treatment of Secured Claims

### 3.1 Mortgages. (Except mortgages to be crammed down under 11 U.S.C. § 1322(c)(2) and identified in § 3.2 herein.).

Check all that apply.

- ☒ **None.** If "None" is checked, the rest of § 3.1 need not be completed or reproduced.  
Insert additional claims as needed.

### 3.2 Motion for valuation of security, payment of fully secured claims, and modification of undersecured claims. Check one..

- ☒ **None.** If "None" is checked, the rest of § 3.2 need not be completed or reproduced.

### 3.3 Secured claims excluded from 11 U.S.C. § 506.

Check one.

- ☐ **None.** If "None" is checked, the rest of § 3.3 need not be completed or reproduced.
- ☒ The claims listed below were either:

- (1) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or
- (2) incurred within 1 year of the petition date and secured by a purchase money security interest in any other thing of value.

These claims will be paid in full under the plan with interest at the rate stated below. Unless otherwise ordered by the court, the claim amount stated on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) controls over any contrary amount listed below. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling.

Name of Creditor	Collateral	Amount of claim	Interest rate*
Wells Fargo Dealer	2022 Nissan Murano 57,249 miles	\$40,034.00	10.00%

\*Unless otherwise ordered by the court, the interest rate shall be the current Till rate in this District.

Insert additional claims as needed.

### 3.4 Motion to avoid lien pursuant to 11 U.S.C. § 522.

Check one.

- ☒ **None.** If "None" is checked, the rest of § 3.4 need not be completed or reproduced.

### 3.5 Surrender of collateral.

Debtor Kristy Marie Crager Case number \_\_\_\_\_

Check one.

☒ **None.** If "None" is checked, the rest of § 3.5 need not be completed or reproduced.

**Part 4: Treatment of Fees and Priority Claims**

**4.1 General**

Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in § 4.5, will be paid in full without postpetition interest.

**4.2 Trustee's fees**

Trustee's fees are governed by statute and may change during the course of the case.

**4.3 Attorney's fees.**

☐ No look fee: \_\_\_\_\_

Total attorney fee charged: \$ \_\_\_\_\_

Attorney fee previously paid: \$ \_\_\_\_\_

Attorney fee to be paid in plan per confirmation order: \$ \_\_\_\_\_

☒ Hourly fee: \$ Any and all compensation allowed by the Court. (Subject to approval of Fee Application.)

**4.4 Priority claims other than attorney's fees and those treated in § 4.5.**

Check one.

☐ **None.** If "None" is checked, the rest of § 4.4 need not be completed or reproduced.

☐ Internal Revenue Service \$0.00

☒ Mississippi Dept. of Revenue \$1,216.00

☐ Other \_\_\_\_\_ \$0.00

**4.5 Domestic support obligations.**

☒ **None.** If "None" is checked, the rest of § 4.5 need not be completed or reproduced.

**Part 5: Treatment of Nonpriority Unsecured Claims**

**5.1 Nonpriority unsecured claims not separately classified.**

Allowed nonpriority unsecured claims that are not separately classified will be paid, pro rata. If more than one option is checked, the option providing the largest payment will be effective. *Check all that apply.*

☐ The sum of \$ \_\_\_\_\_

☒ 0.00 % of the total amount of these claims, an estimated payment of \$ 0.00

☒ The funds remaining after disbursements have been made to all other creditors provided for in this plan.

If the estate of the debtor(s) were liquidated under chapter 7, nonpriority unsecured claims would be paid approximately \$0.00. Regardless of the options checked above, payments on allowed nonpriority unsecured claims will be made in at least this amount.

**5.2 Other separately classified nonpriority unsecured claims (special claimants). Check one.**

☒ **None.** If "None" is checked, the rest of § 5.3 need not be completed or reproduced.

**Part 6: Executory Contracts and Unexpired Leases**

**6.1 The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. Check one.**



Debtor Kristy Marie Crager Case number \_\_\_\_\_

☒ **None.** If "None" is checked, the rest of § 6.1 need not be completed or reproduced.

**Part 7: Vesting of Property of the Estate**

**7.1** Property of the estate will vest in the debtor(s) upon entry of discharge.

**Part 8: Nonstandard Plan Provisions**

**8.1** Check "None" or List Nonstandard Plan Provisions

☐ **None.** If "None" is checked, the rest of Part 8 need not be completed or reproduced.

*Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Official Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective.*

The following plan provisions will be effective only if there is a check in the box "Included" in § 1.3.

**Absent an objection, any Proof of Claim filed by the IRS and/or MS Dept. of Revenue shall be paid pursuant to the claim.**

**Plan payments to begin August 2024. Debtor will be on maternity leave during the month of July 2024. Plan payment is calculated to pay 60 months over a 59-month term.**

**Part 9: Signatures:**

**9.1** Signatures of Debtor(s) and Debtor(s)' Attorney

*The Debtor(s) and attorney for the Debtor(s), if any, must sign below. If the Debtor(s) do not have an attorney, the Debtor(s) must provide their complete address and telephone number.*

X /s/ Kristy Marie Crager  
**Kristy Marie Crager**  
Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Executed on June 24, 2024

Executed on \_\_\_\_\_

63 Hwy 45

Address \_\_\_\_\_

State Line MS 39362-0000

City, State, and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

X /s/ Thomas C. Rollins, Jr.  
**Thomas C. Rollins, Jr. 103469**  
Signature of Attorney for Debtor(s)  
**P.O. Box 13767**  
**Jackson, MS 39236**  
Address, City, State, and Zip Code  
**601-500-5533**  
Telephone Number  
**trollins@therollinsfirm.com**  
Email Address

Date June 24, 2024

**103469 MS**  
MS Bar Number

**Fill in this information to identify your case:**

Debtor 1	<b>Kristy Marie Crager</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF MISSISSIPPI		
Case number	24-50882		
(if known)			

☐ Check if this is an amended filing

**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

☐ No. Go to Part 2.

☒ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>MS Dept of Revenue</b> Priority Creditor's Name <b>Bankruptcy Section</b> <b>PO Box 22808</b> <b>Jackson, MS 39225-2808</b> Number Street City State Zip Code	Last 4 digits of account number	\$1,216.00	\$1,216.00
	When was the debt incurred?  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			\$0.00
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
	<b>Mississippi Department of Revenue</b>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Kristy Marie Crager**Case number (if known) **24-50882**

4.1

**AAA Ambulance**

Nonpriority Creditor's Name

**P.O. Box 17889****Hattiesburg, MS 39404**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

**\$2,110.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

4.2

**Affirm, Inc.**

Nonpriority Creditor's Name

**Attn: Bankruptcy****650 California St****FI 12****San Francisco, CA 94108**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

**\$1,091.11****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

4.3

**Afterpay**

Nonpriority Creditor's Name

**222 Kearny St #600****San Francisco, CA 94103**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

**\$20.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

Debtor 1 **Kristy Marie Crager**Case number (if known) **24-50882**

4.4

**Altus Lumberton Hos\*\*\***

Nonpriority Creditor's Name

**137 N Lhs Dr  
Lumberton, TX 77657**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?**
- ☒ No
- ☐ Yes

Last 4 digits of account number **6786****\$815.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify \_\_\_\_\_

4.5

**Capital One**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 30285  
Salt Lake City, UT 84130**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?**
- ☒ No
- ☐ Yes

Last 4 digits of account number **2108****\$564.00****When was the debt incurred?** **Opened 02/20 Last Active 4/09/24****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

4.6

**Capital One**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 30285  
Salt Lake City, UT 84130**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?**
- ☒ No
- ☐ Yes

Last 4 digits of account number **5313****\$502.00****When was the debt incurred?** **Opened 11/18 Last Active 4/01/24****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

Debtor 1 **Kristy Marie Crager**Case number (if known) **24-50882**

4.7	<b>Capital One</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>P.O. Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>0165</u> <b>\$361.00</b>  <b>When was the debt incurred?</b> <u>Opened 12/21 Last Active 4/18/24</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>
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4.8	<b>CashNet USA</b> Nonpriority Creditor's Name <b>175 W Jackson</b> <b>Ste 1000</b> <b>Chicago, IL 60604</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>\$2,500.00</b>  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
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4.9	<b>Citibank</b> Nonpriority Creditor's Name <b>Po Box 790040</b> <b>St Louis, MO 63179</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>8996</u> <b>\$1,063.00</b>  <b>When was the debt incurred?</b> <u>Opened 12/20 Last Active 4/23/24</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>
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Debtor 1 **Kristy Marie Crager**Case number (if known) **24-50882**4.1  
0**Comenity Bank**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Po Box 182125****Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0704****\$3,035.00****Opened 01/21 Last Active**When was the debt incurred? **04/24**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Charge Account**4.1  
1**Comenitycapital/Ulta**

Nonpriority Creditor's Name

**Attn: Bankruptcy Dept****Po Box 182125****Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7386****\$176.00****Opened 12/20 Last Active**When was the debt incurred? **4/11/24**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**4.1  
2**Comprehensive Radio\*\*\***

Nonpriority Creditor's Name

**15 Professional Pkwy****Ste 126****Hattiesburg, MS 39402**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

**\$120.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

Debtor 1 **Kristy Marie Crager**Case number (if known) **24-50882**4.1  
3**Credit One Bank**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
6801 Cimarron Rd  
Las Vegas, NV 89113**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?**
- ☒ No
- ☐ Yes

Last 4 digits of account number **2796****\$623.00****Opened 10/20 Last Active****When was the debt incurred?** **4/08/24****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

4.1  
4**Credit One Bank**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
6801 Cimarron Rd  
Las Vegas, NV 89113**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?**
- ☒ No
- ☐ Yes

Last 4 digits of account number **7199****\$579.00****Opened 04/23 Last Active****When was the debt incurred?** **4/01/24****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

4.1  
5**Discover Financial**

Nonpriority Creditor's Name

**Po Box 30939  
Salt Lake City, UT 84130**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?**
- ☒ No
- ☐ Yes

Last 4 digits of account number **4111****\$1,016.00****Opened 02/21 Last Active****When was the debt incurred?** **4/14/24****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

Debtor 1 **Kristy Marie Crager**Case number (if known) **24-50882**4.1  
6**Forrest General Hosp\*\***

Nonpriority Creditor's Name

**6501 US 49****Hattiesburg, MS 39401**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$0.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify \_\_\_\_\_

4.1  
7**Hattiesburg Clinic\*\*\***

Nonpriority Creditor's Name

**415 S 28th Ave****Hattiesburg, MS 39401**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$5,487.22****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify \_\_\_\_\_

4.1  
8**Highland Community \*\*\***

Nonpriority Creditor's Name

**P.O. Box 679521****Dallas, TX 75267**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$2,843.86****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify \_\_\_\_\_



Debtor 1 **Kristy Marie Crager**Case number (if known) **24-50882**4.1  
9**Lab Corp\*\*\***

Nonpriority Creditor's Name

**P.O. Box 2240****Burlington, NC 27216**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$775.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify \_\_\_\_\_

4.2  
0**Merrick Bank Corp**

Nonpriority Creditor's Name

**Po Box 9201****Old Bethpage, NY 11804**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**5404****\$1,093.00****When was the debt incurred?****Opened 06/21 Last Active 04/24****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

4.2  
1**Mission Lane LLC**

Nonpriority Creditor's Name

**Attn: Bankruptcy****P.O. Box 105286****Atlanta, GA 30348**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**3430****\$823.00****When was the debt incurred?****Opened 02/20 Last Active 4/12/24****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

Debtor 1 **Kristy Marie Crager**Case number (if known) **24-50882**4.2  
2**Navient**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Po Box 9635****Wilkes Barre, PA 18773**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **0420****\$3,087.00****Opened 12/22 Last Active****When was the debt incurred?** **3/31/24****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_**Educational**4.2  
3**Navient**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Po Box 9635****Wilkes Barre, PA 18773**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **0420****\$1,750.00****Opened 12/22 Last Active****When was the debt incurred?** **3/31/24****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_**Educational**4.2  
4**Oshners Med Cent\*\*\***

Nonpriority Creditor's Name

**1314 19th Ave****Meridian, MS 39301**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$250.00****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify \_\_\_\_\_

Debtor 1 **Kristy Marie Crager**Case number (if known) **24-50882**4.2  
5**Regions Bank**

Nonpriority Creditor's Name

**PO Box 10063****Birmingham, AL 35202-0063**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

**\$459.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify4.2  
6**Regions Bank**

Nonpriority Creditor's Name

**PO Box 10063****Birmingham, AL 35202-0063**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

**\$5.78****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify4.2  
7**Synchrony**

Nonpriority Creditor's Name

**Attn: Bankruptcy****PO Box 955060****Orlando, FL 32896-5060**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

**5843****\$1,520.00****When was the debt incurred?****Opened 02/20 Last Active****4/08/24****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

Debtor 1 **Kristy Marie Crager**Case number (if known) **24-50882**4.2  
8**Synchrony**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
PO Box 955060  
Orlando, FL 32896-5060**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?**
- ☒ No
- ☐ Yes

Last 4 digits of account number **1485****\$999.00****Opened 01/21 Last Active****When was the debt incurred?** **4/18/24****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify \_\_\_\_\_

4.2  
9**Synchrony**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
PO Box 955060  
Orlando, FL 32896-5060**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?**
- ☒ No
- ☐ Yes

Last 4 digits of account number **1987****\$213.00****Opened 06/23 Last Active****When was the debt incurred?** **4/19/24****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify \_\_\_\_\_

4.3  
0**Upstart Finance**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 1503  
San Carlos, CA 94070**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?**
- ☒ No
- ☐ Yes

Last 4 digits of account number **4032****\$4,814.00****Opened 12/21 Last Active****When was the debt incurred?** **3/07/24****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Unsecured**

Debtor 1 **Kristy Marie Crager**Case number (if known) **24-50882**4.3  
1**Wayne General Hosp\*\*\***

Nonpriority Creditor's Name

**950 Matthew Drive  
Waynesboro, MS 39367**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

**\$4,684.28**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Relias Em Medicine\*\*\*****P.O. Box 30275****Charlotte, NC 28230-0207**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <b>1,216.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <b>1,216.00</b>
Total claims from Part 2	6f. Student loans	6f.	\$ <b>4,837.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <b>38,542.25</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <b>43,379.25</b>

### **CERTIFICATE OF SERVICE**

I, Thomas C. Rollins, Jr., do hereby certify that I have this date transmitted via Electronic Case Filing, as it appears on this date in the Court registered e-filers of CM/ECF and/or via U. S. Mail, postage prepaid, a true and correct copy of the above Notice of Amendment to Schedules, Notice of Chapter 13 Bankruptcy Case, amended schedules, and plan (if applicable) to the affected creditor(s), Case Trustee and U.S. Trustee at the above listed address(es).

Date: Wednesday, April 23, 2025

/s/ Thomas C. Rollins, Jr.

Thomas C. Rollins, Jr. (Bar No. 103469)

Jennifer A Curry Calvillo (Bar No. 104367)

The Rollins Law Firm

P.O. Box 13767

Jackson, MS 39236

(601) 500-5533

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF MISSISSIPPI

IN RE:

KRISTY MARIE CRAGER

CASE NO: 24-50882

**DECLARATION OF MAILING  
CERTIFICATE OF SERVICE**

Chapter: 13

On 4/23/2025, I did cause a copy of the following documents, described below,  
Notice of Amendments of Schedules

to be served for delivery by the United States Postal Service, via First Class United States Mail, postage prepaid, with sufficient postage thereon to the parties listed on the mailing list exhibit, a copy of which is attached hereto and incorporated as if fully set forth herein.

I caused these documents to be served by utilizing the services of BK Attorney Services, LLC d/b/a certificateofservice.com, an Approved Bankruptcy Notice Provider authorized by the United States Courts Administrative Office, pursuant to Fed.R.Bankr.P. 9001(9) and 2002(g)(4). A copy of the declaration of service is attached hereto and incorporated as if fully set forth herein.

Parties who are participants in the Courts Electronic Noticing System ("NEF"), if any, were denoted as having been served electronically with the documents described herein per the ECF/PACER system.

DATED: 4/23/2025

/s/ Thomas C. Rollins, Jr.  
Thomas C. Rollins, Jr.

The Rollins Law Firm  
702 West Pine St  
Hattiesburg, MS 39401  
601 500 5533  
trollins@therollinsfirm.com

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF MISSISSIPPI

IN RE:

KRISTY MARIE CRAGER

CASE NO: 24-50882

**CERTIFICATE OF SERVICE  
DECLARATION OF MAILING**

Chapter: 13

On 4/23/2025, a copy of the following documents, described below,

Notice of Amendments of Schedules

were deposited for delivery by the United States Postal Service, via First Class United States Mail, postage prepaid, with sufficient postage thereon to the parties listed on the mailing list exhibit, a copy of which is attached hereto and incorporated as if fully set forth herein.

The undersigned does hereby declare under penalty of perjury of the laws of the United States that I have served the above referenced document(s) on the mailing list attached hereto in the manner shown and prepared the Declaration of Certificate of Service and that it is true and correct to the best of my knowledge, information, and belief.

DATED: 4/23/2025



Miles Wood  
BK Attorney Services, LLC  
d/b/a certificateofservice.com, for  
Thomas C. Rollins, Jr.  
The Rollins Law Firm  
702 West Pine St  
Hattiesburg, MS 39401



USPS FIRST CLASS MAILING RECIPIENTS:

Parties with names struck through or labeled CM/ECF SERVICE were not served via First Class USPS Mail Service.

FORREST GENERAL HOSPITAL  
6501 US 49  
HATTIESBURG, MS 39401

LAB CORP  
P.O. BOX 2240  
BURLINGTON, NC 27216

ALTUS LUMBERTON HOSPITAL  
137 N LHS DR.  
LUMBERTON, TX 77657

COMPREHENSIVE RADIOLOGY  
15 PROFESSIONAL PKWY STE 126  
HATTIESBURG, MS 39402

OSCHNER RUSH MEDICAL CENTER  
1314 19TH AVE.  
MERIDIAN, MS 39301

WAYNE GENERAL HOSPITAL  
950 MATTHEW DRIVE  
WAYNESBORO, MS 39367

HIGHLAND COMMUNITY HOSPITAL  
P.O. BOX 679521  
DALLAS, TX 75267

HATTIESBURG CLINIC  
415 S 28TH AVE  
HATTIESBURG, MS 39401

RELIAS EM MEDICINE  
P.O. BOX 30275  
CHARLOTTE, NC 28230-020